Auls 9/22 H (sensi * 11) 10/080831 ° JACKET / ISSUE CLASSIFICATION SHEET Primary Examiner box complete Issuing Classification complete PTO-892/1449 Examiner's initials or cross through lines supplied for each fiem cited by applican Dale(s) supplied/complete on all PTO 1449/892 sheets (Month and year required) Brief description of drawings includes description of each figure in drawings Continuing data mentioned in 1st paragraph (can be an insert) CLAIMS Claims listed on Notice of Allowability match allowed claims and/or index of claims Claims correctly numbered in index. (No duplicale or missing claim numbers. And no icopract dependencies) O No. ■ O h/a One sheet of complete claims RAM FEES Amount that Should Amount Actually Have Been Charged Charnad Examiner's amendment Check box if applicable CRFE COMPUTER READABLE FORM If necessary (bilogical sequence listing) O Yes O No NOTICE OF ALLOWABILITY If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has INITIALED BIB SHEET Initialed Bib sheet is present REVIEWER COMMENTS

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